

<u>P.</u>



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Edgren et al.

Serial No.: 09/469,399

Filed: 12/22/99

For: Gastric Retension Dosage Form Having

Multiple Layers

Examiner: E. Choi

Group Art Unit: 1616

Attorney Docket No.: ARC2885R1

CERTIFICATE OF MAILING

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail (under 37 C.F.R. § 1.8(a)) on the date of deposit shown below with sufficient postage and in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

August 27, 2001
Date of Deposit

Signature of registered practitioner or other person having reasonable basis to expect mailing to occur on date of deposit shown pursuant to 37 C.F.R. § 1.8(a)(1)(ii)

Typed/printed name of person whose signature is contained above

AMENDMENT

Box

Commissioner for Patents Washington, D.C. 20231

Sir:

The following amendments and remarks are filed in response to the Examiner's remarks in the 09/19/2001 GTROFFIC DAMOGO ALMAZILED TREMMARY 27, 2001, the sixth-month statutory period for response to which expires of HAugust 27,2001.

IN THE SPECIFICATION:

Please replace the paragraph beginning on page 25, line 15 with the following rewritten paragraph:

Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee:

\$890.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment			Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	26	Minus	25	= 1	x \$18 =	\$18	
Indep.	2	Minus	3	= 0	x \$80 =	\$0	
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0	
					Total Addit. Fee	\$18	

Addit. I cc

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$18.00

FEE PAYMENT

5. Charge Account No. 01-1173 the sum of \$908.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 01-1173.

(Amendment Transmittal--page 2 of 3)

If any additional fee for claims is required, charge Account No. 01-1173.

Date: 9/27/01

Reg. No.: 44,294

Tel. No.: 650-564-5106 Customer No.: 22921 Signature of Practitioner

Samuel E. Webb ALZA Corporation P.O. Box 7210

Mountain View, CA 94039-7210